

PROSTACYCLIN ANALOGS (TYVASO, VENTAVIS) PA SUMMARY

STATUS: Tyvaso is non-preferred; Ventavis is preferred.

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Tyvaso is approvable for members with a diagnosis of pulmonary arterial hypertension (PAH) with NYHA Class III symptoms.
- ❖ Ventavis is approvable for members with a diagnosis of pulmonary arterial hypertension (PAH) with NYHA Class III or IV symptoms.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.gbp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.gbp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.